

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-584853

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4	✓					
5	✓					
6	✓					
7	✓					
8	✓					
9						
10			✓			
11			✓			
12	✓					
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50						
TOTAL IND.	1		2			
TOTAL DEP.	27	←	8	←	←	
TOTAL CLAIMS	28		10			-

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	←
TOTAL CLAIMS						